

# GAS PERMIT APPLICATION

## CITY OF WATKINVILLE INSPECTION DEPARTMENT

### TO BE FILLED OUT BY APPLICANT

STREET ADDRESS _____	SUBDIVISION _____
PRESENT PERMIT# _____	TAX MAP _____ BLOCK _____ LOT _____
EXISTING BLDG? Y ___ N ___ PRESENT USE _____	
OWNER _____	ADDRESS _____

COMMERCIAL USE \_\_\_\_\_ SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ APTS \_\_\_\_\_ CONDO \_\_\_\_\_  
 NUMBER OF UNITS \_\_\_\_\_ MULTI-FAMILY \_\_\_\_\_ ADDITIONS \_\_\_\_\_ ALTERATIONS \_\_\_\_\_

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED

TYPE OF FUEL: NATURAL GAS _____		L.P.G _____	
TYPE OF EQUIPMENT: Central Heating Plant (Steam) _____ (Hot Water) _____ (Warm Air) _____			
Conversion Burner _____	Floor Furnace _____	Wall Heater _____	Circulator _____ Space Heater _____
Cooking Range _____	Automatic Controls _____	Dryer _____	Water Heater _____ Bake Oven _____
Refrigerator _____	Steam Radiators _____		
Total MBTU _____			
TYPE OF PIPE _____		SIZE OF PIPE _____	

CONTRACTOR \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 OCCUPATIONAL TAX NUMBER \_\_\_\_\_ STATE CERTIFICATION # \_\_\_\_\_

**PERMIT FEE FOR: RESIDENTIAL \$50 \_\_\_\_\_ COMMERCIAL \$70 \_\_\_\_\_**  
**CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Date**